

CLAIMS ONLY

Application Number

101510396

Filing Date

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		Indep	Depend	Indep	Depend	Indep	Depend
	Indep	Depend	Indep	Depend	Indep	Depend						
1			/		/							
2			/		/							
3			/		/							
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47												
48												
49												
50												
Total Indep			1		1							
Total Depend			19		25							
Total Claims			20		26							

Total Indep

Total Depend

Total Claims